

State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603)-271-8675

www.state.nh.gov/banking

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

SMALL LOAN LENDER APPLICATION INFORMATION

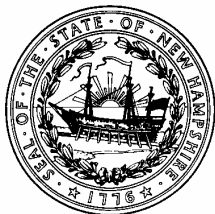
General Instructions

The principal office of the applicant in New Hampshire must be licensed. Other business locations of the applicant that are located in New Hampshire must be licensed as branches. The fee for a Small Loan Lender license is \$450 for the principal location. The fee for each NH branch office of the applicant is \$450.

Please make sure the following are included with the application:

- Foreign (not formed in New Hampshire) entities must appoint a NH agent. The agent must have a NH business address open during normal business hours.
- Applicants who propose to use a trade name must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the "Applicant". If these are not the same, ownership must be changed through the Secretary of State's office.
- Foreign corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244)
- Financial statements must be consistent with the legal status of the applicant. Corporations must provide the corporation's financial statements and not the personal financial statements of the owner(s). Also provide a copy of the most recent federal business income tax returns (1120, 1120-S, and K-1s).
- A list of all, (a) owners of 10% or more of a corporation, (b) general partners, (c) members of an LLC or LLP, (d) senior officers, (e) directors and (f) managers of New Hampshire branch offices, must be included with the application and personal, financial and background disclosure statements and criminal investigation authorization forms must be included for each person on the list.
- Copies of resumes for senior management personnel and NH branch managers.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us to expeditiously review the application without the need to write for further information.



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FORM 399-A-2

APPLICATION FOR SMALL LOAN LENDER LICENSE

Application Fees

License type applied for:

___ Small Loan Lender Principal Office (\$450)

Each branch office of the applicant located in New Hampshire must be licensed to conduct small loan activity. Enter the number of NH branch offices: ___ NH Branch Offices (\$450 per Office)

Check off the type(s) of small loan business to be conducted by the applicant:

___ Title Loans

___ Payday Loans

___ Any other Types of Small Loans

FOR OFFICE USE ONLY

Ck. # _____

Amt. \$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete _____ Date _____

Approved By _____ Date _____

Pr. Lic. # _____ Date Mailed _____

Make Check Payable To: "STATE OF NEW HAMPSHIRE"

Complete all items, sign and notarize the affirmation.

Date of this filing: _____, 200__

NAME AND IDENTIFICATION OF APPLICANT

1. Legal name of applicant: _____

Will applicant do business under a trade name? _____ ("yes" or "no"; if "yes", state the trade name and attach copy of trade name registration issued by NH Secretary of State. The trade name provided below must match the trade name registration issued by NH Secretary of State)

Trade Name _____

2. Address of applicant: _____
(Principal Office \$450) (Street) (City) (State) (Zip)

Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

Communications: _____
(Tel. no.) (Fax no.) (Cell) (E-mail Address)

3. Applicant's federal tax ID number: _____ Applicant's fiscal year end date: _____

4. Branch Offices: all locations in the State of New Hampshire of the Small Loan Lender applicant must be licensed as branches (attach an additional sheet if necessary; enclose \$450 per branch location; attach a resume for each branch manager).

Street Address	City/Town/Zip	Manager	Telephone	Fax

EXECUTIVE OFFICER/PRINCIPAL CONTACT PERSON

(ALL MAIL AND CORRESPONDENCE WILL BE ADDRESSED TO THE INDIVIDUAL LISTED BELOW, INCLUDING LICENSES. OUR DATABASE CANNOT ACCOMMODATE EXCEPTIONS.)

5. President, Chief Executive Officer or Senior Partner of Applicant:

Name _____ Title: _____

Business Address: _____
 (Street) (City) (State) (Zip) (Direct Line Telephone)

Mailing Address: _____
 (Street) (City) (State) (Zip)

E-Mail Address: _____

☐ Check here if you wish to have important notices sent via e-mail.

Applicant's Web Address: _____

APPLICANT'S LEGAL STATUS

7. Applicant is a: (check one) Corporation _____ Individual _____ Partnership _____
 Association _____ Limited Liability Company _____
 Other (specify) _____

A. If the applicant is an individual, skip to question 8. All others please provide date and state of incorporation or formation, as applicable, and attach copy of Certificate of Incorporation or certificate of formation issued by the appropriate agency of the state of incorporation/formation.

State: _____ Date: _____

B. If applicant is not a NH entity, attach a copy of certificate of registration as a foreign entity issued by the NH Secretary of State. (NH Secretary of State, Corporate Division - Phone: 603-271-3244)

N.H. AGENT

8. If applicant is a foreign (not formed in New Hampshire), a person located within the State of New Hampshire must be designated as the NH Agent:

Name of Agent: _____ Telephone: _____

Complete address of NH Agent (the actual physical location, street, town and zip):

(Please provide a New Hampshire business address)

Mailing Address of Agent: _____

OWNERSHIP AND MANAGEMENT

9. Attach a list of all names, business and residence addresses and titles of the applicant's principal shareholders (10% or more), officers (president, vice president, secretary, treasurer), senior managers (senior vice presidents and higher) and directors of a corporate applicant; the general partners of a general partnership; the general and limited partners of a limited partnership; the members of a limited liability company; or the trustees of a business trust. If the applicant is a subsidiary, the list must include the principal shareholders, senior officers and directors, general and limited partners, members and trustees of the applicant's ultimate equitable owner(s) and any and all intermediate entities.

List all principal shareholders (10% or more) and title held, senior officers and directors, partners, trustees and members. Attach an additional sheet if necessary.

Name	Owner (include % of ownership), Officer, Director, Manager, Member, Trustee (indicate which)	Business Address	Residential Address

10. Attach resumes or similar documents which indicate the lending and/or loan brokering experience of the applicant organization and the organization's officers and senior managers (senior vice president and higher) and NH branch managers. Publicly traded corporate applicants or the subsidiaries of publicly traded corporations need only submit resumes for NH branch managers.

EXPERIENCE AND PAST CONDUCT

11. Attach a list of all current lending and/or loan brokering licenses issued by any other state. Attach an additional sheet if necessary. Provide name of state, license type, license number, and expiration date for each license held.

State	License Type(s)	License Number(s)	Expiration Date(s)

12. Has applicant, or any of its owners, directors, partners, members, officers or managers (Sr VP & higher) ever had a lending or loan brokering license revoked, suspended or denied by this or any other state, or been the subject of any formal disciplinary proceeding? Yes _____ No _____ If yes, provide full details on a separate sheet.
13. Has the applicant or any of its owners, directors, partners, members, officers or managers (Sr VP & higher) ever been convicted of a misdemeanor or felony? Yes _____ No _____ If "yes", furnish complete details, including dates, location, docket number, nature of crime, penalties, etc. on a separate sheet.

FINANCIAL CONDITION

14. All applicants must submit financial statements. Applicants and licensees must demonstrate financial integrity. Attach the following:
- A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited are required if an audit was performed) or the applicant's financial officer who must include a notarized attestation that the financial statements are true and accurate to the best of his or her belief and knowledge:
1. Balance sheet as of the last fiscal year end and as of the most recent quarter end
 2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end
 3. Income statement as of the last fiscal year end and as of the most recent quarter end
 4. Note disclosures for the above
- B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the applicant's most recent federal tax returns.
- C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 14A if the financial statements reflect the operations and financial position of the applicant itself.

PERSON COMPLETING THE APPLICATION:

(Name)

(Title)

(Direct Telephone No.)

(Mailing Address)

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the New Hampshire Banking Department (the department") may result in denial or revocation of the Small Loan Lender license to which this form relates.

I acknowledge on behalf of the applicant that the applicant's business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the department, and further acknowledge that the department is authorized to conduct examinations of the business affairs and records of the applicant's licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the department's examination.

Date: _____

For _____
(Print or type Applicant's or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____

Title _____

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me _____,
(Print name of Notary/JP)

the undersigned officer, personally appeared _____
(Print name of corporate officer signing this document)
known personally to me to be the _____ of the above named corporation and
(Title of officer)

acknowledged that he or she, as an officer being authorized so to do, executed the foregoing instrument
for the purposes therein contained, by signing the name of the corporation by himself or herself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

Notary Public/JP Signature
My Commission Expires _____
(Date)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
(Print name of Notary/JP)

the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

Notary Public/JP Signature
My Commission Expires _____
(Date)



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INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be notarized.

UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____ (a corporation), (a partnership),

 (Name of applicant for licensure or registration)

a (_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a first or second mortgage broker, first or second mortgage banker, Small Loan Lender, retail seller, small loan lender, debt adjuster or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

 (Name)

 (Address)

Dated this _____ day of _____, 20 _____

(COMPANY SEAL)

By _____
 (Print name of Applicant)

By _____
 (Signature of Officer)

 (Print Name and Title of Officer)

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
 County of _____ } ss.

On this _____ day of _____, 20 _____ before me _____,
 (Name of Notary/J.P.)

the undersigned officer, personally appeared _____
 (Name of corporate officer signing this document)
 known personally to me to be the _____ of the above named corporation and
 (Title of officer)

acknowledged that he or she, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself or herself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

 Notary Public/J.P.

My Commission Expires _____
 (Date)

(SEAL)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
 County of _____ } ss.

On this _____ day of _____, 20 _____, before me, _____,
 (Name of Notary/J.P.)

the undersigned officer, personally appeared _____ known to
 (Name of person signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

 Notary Public/J.P.

My Commission Expires _____
 (Date)

(SEAL)



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AUTHORIZATION/RELEASE FORM FOR NON-DEPOSITORY LENDERS AND BROKERS

INSTRUCTIONS: To be completed by each senior officer (senior vice president and higher), director, branch manager, partner, trustee, member and owner of 10% or more of the applicant. Please type. This form may be duplicated. Publicly traded corporations and the wholly owned subsidiaries of publicly traded corporations that are members or owners may submit the company's or the parent corporation's most recent U.S. Securities and Exchange Commission Form 10-K and 10-Q in lieu of this authorization.

Submitted in connection with an application made for a non-depository lender and/or broker license application pursuant to RSA 397-A, 398-A, 399-A, and/or 361-A by:

(Name of Licensee or Applicant)

(Name of Officer, Owner, Director, Manager, Branch Manager, Partner, Trustee, Member)

I hereby authorize the State of New Hampshire Banking Department to request and receive credit reports, tax records; local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing standards set forth in RSA 397-A, 398-A, 399-A, and/or 361-A, as applicable. I understand that this authorization does not expire. If the above applicant is a retail seller, I understand the Department will not request and receive credit reports in my name.

(Type name)

(Date of Birth)

(Signature)

(Date)

(Number and Street Address)

(Title)

(City and State of Residence)

(Social Security Number)

(Zip Code)

INDIVIDUAL ACKNOWLEDGMENT

State or Province of _____ }

County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
(Print name of Notary/JP)

the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,

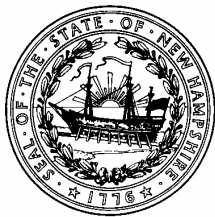
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/JP Signature

(SEAL)

My Commission Expires _____



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PERSONAL BACKGROUND and FINANCIAL DISCLOSURE STATEMENT **NON-DEPOSITORY LENDER/BROKER**

INSTRUCTIONS:

- To be completed by each individual principal/owner /investor of 10% or more of the applicant, and each officer of the applicant, each manager (senior vice president or higher), member, partner, director, trustee and each NH branch manager.
- This form is required of new applicants, and of existing licensees to amend information on file with the Department when they add officers, directors, managers, members, partners, trustees or NH branch managers.
- Please type or print. Complete all items. Attach additional sheets as necessary or indicated. This form may be duplicated if additional copies are required.

Date _____

NAME OF APPLICANT/ LICENSEE: _____

EIN: _____

LICENSE TYPE: _____

1. IDENTIFYING INFORMATION:

Name of (Owner, Officer, Director, Manager, Trustee, Partner, Member, Branch Manager, Other – circle those that apply)

(Name)

Street _____ Apt. _____
(Home street address: do not use P.O. Box address; do not use business address)

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Other names by which you have ever been known:

Date of Birth _____ Social Security # _____

Place of Birth _____
(City) (State)

Drivers License # _____ State _____

2. EDUCATION:

Indicate highest grade completed: _____ Name and address of last institution attended:

Degrees Received and Dates:

List other relevant education on a separate sheet.

3. PERSONAL BALANCE SHEET:

<u>ASSETS</u>		<u>LIABILITIES</u>	
a) Cash on hand and in banks	\$ _____	i) Accounts payable	\$ _____
b) Notes, loans and other accounts receivable considered active and collectible	\$ _____	j) Notes payable to banks	\$ _____
c) Marketable securities (Attach schedule w/details)	\$ _____	k) Notes payable to others	\$ _____
d) Real Estate (Attach schedule with details)	\$ _____	l) Real Estate Mortgages	\$ _____
e) Automobiles	\$ _____	m) Interest and taxes due and unpaid	\$ _____
f) Net worth of business (Attach most recent financial statement)	\$ _____	n) Other debts & liabilities	\$ _____
g) Life insurance cash surrender value	\$ _____	TOTAL LIABILITIES (B)	\$ _____
h) Other assets (Attach schedule with details)	\$ _____	TOTAL NET WORTH (C)	\$ _____ (A minus B)
TOTAL ASSETS (A)	\$ _____	TOTAL LIABILITIES AND NET WORTH	\$ _____ (B plus C)

Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ _____.

4. INVESTMENT IN APPLICANT:

A. Your investment in the business as currently reflected in the net worth of the business is \$ _____, which will or does represent _____% of the net worth of the business.

B. Does any amount stated in item 4-A. above represent a loan from you to the license applicant? ☐ Yes ☐ No If Yes, attach copy of promissory note.

C. Investment set forth in item 4-A. above will be, or has been, financed in the following manner (ie cash, equipment, note):

5. FINANCIAL HISTORY:

A. Have you been an owner of 10% or more of any business entity that has filed for bankruptcy protection? ☐ Yes ☐ No

B. Have you ever filed for personal bankruptcy protection? ☐ Yes ☐ No

C. If yes to 5 A. or 5 B., supply particulars, including date, name and location of court, and docket number:

6. CONTINGENT LIABILITIES:

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows (attach an additional sheet if necessary):

Name & Current Address of Debtor/Obligor	Name & Current Address of Creditor/Obligee	Description of Collateral	Amount Due / Outstanding	Value of Collateral	Date the Obligation was Incurred

7. STATEMENT OF PERSONAL INCOME:

Current Year

Salaries, wages and commissions from employment \$ _____

Personal income from dividends and interest \$ _____

Net personal income from rents, royalties and investments \$ _____

Other personal income \$ _____

(Source: _____)

TOTAL INCOME \$ _____

ANNUAL PERSONAL EXPENSES \$ _____

NET INCOME \$ _____

8. EMPLOYMENT: Attach a separate sheet listing your work history, beginning with your current employment, and all businesses with which you have been involved, and/or all periods of unemployment for the last 10 years. Include all corporations, partnerships or any other business ventures in which you had an investment or interest of 10% or more, or with which you have been associated as an officer, director, or in a capacity influencing policy or management. Also include dates of association, job title, name and address of the business/employer, description of your duties/responsibilities, name of immediate supervisor and reasons for leaving.

9. LENDING HISTORY:

A. Have you ever been issued a license for lending or loan brokering by any other state, and have you or are you currently licensed to lend or broker loans in any other state? ☐ Yes ☐ No If yes, attach a separate sheet setting forth the license number(s), name of the state licensing authority and dates during which such lending or brokering license was held.

B. Have you ever had a lending or brokering license revoked, suspended or denied, or been subject to any other disciplinary proceedings by this or any other state licensing authority? ☐ Yes ☐ No If yes, attach a separate sheet which indicates the dates, licensing authority, and reason(s) for revocation, suspension, denial or disciplinary proceeding.

10. GENERAL CHARACTER: Have you ever been convicted of any misdemeanor or felony or other offense involving breach of trust, theft, forgery, deception, false advertising, false statements, fraudulent or dishonest dealing, or similar offense, or had a final judgment entered against you in a civil action upon grounds of fraud, misrepresentation, deceit or similar reason? ☐ Yes ☐ No If yes, list on a separate sheet the type of offense or judgment, the name and address of the court before which the case was heard, docket #, the date of the conviction or judgment and the sentence, penalty or award ordered.

11. OTHER INFORMATION: Indicate any other items of personal history considered relevant by you.

AFFIRMATION:

I hereby subscribe and affirm that the foregoing statements, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, accurate and complete. I understand that any misrepresentation made to the banking department may result in denial or revocation of the Small Loan Lender license to which this form relates.

Signature

Date

Title

INDIVIDUAL ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
(Print name of Notary/JP)

the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/JP Signature

(SEAL)

My Commission Expires _____